Docket No.: 117192

APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that

ioint inventor (i	f phiral inventors are	original, first and a named below) of	the subj	ect matter which	ch is claimed and fo	r which a patent is sought on
the invention ex	PROCESSING	APPARATUS	AND	SERVICE	PROCESSING	METHOD
						· · · · · · · · · · · · · · · · · · ·
	laimed in the specific	ation:				
Check one						•
®a.	attached heret		. e11	NT	and	•
ъ.	filed on	as Application	Section 1	NO	arq	
	amended on (if applicable)	 ·				
I her	eby state that I have	reviewed and un	lerstand	the contents of	of the above-identifi	ed application, including the
claims, as amen	ded by any amendm	ent referred to above	re. Office (all information	known to me to be	material to patentability as
defined in Title	37, Code of Pederal	Regulations, 8 1.	56.	m monance		
Und		e § 119, the prior	ity bene	fits of the follo	wing foreign applic reby claimed:	ation(s) and/or United States
-	se Patent Applica				•	
I her	reign priority applic	wing as my attorn	eys of re	scord with full	power of substitution	a and revocation to prosecute
this application	and to transact all bu					
	Kirk M. I Edward P	ludson, Reg. No. 2 . Walker, Reg. No.	27,562; 31.450	Thomas J. Pard Robert A. Mil	ige, Reg. No. 30,02/ lini, Reg. No. 30,411 ller, Reg. No. 32,77/ ::nnison, Reg. No.34,	i; l;
ALL CORRES BERRIDGE, P.	PONDENCE IN (O. BOX 19928, ALE	CONNECTION WEXANDRIA, VIRO	TTH T	HIS APPLICA 2320, TELEPH	ATION SHOULD IONE (703) 836-64	BE SENT TO OLIFF & 00.
herein of my of further that thes by fine or imp	wn knowledge are to se statements were m	rue and that all strade with the know under Section 100	itement riedge ti)1 of T	s made on info hat willful false itle 18 of the	ormation and belief e statements and the United States Code	and that all statements made are believed to be true; and like so made are punishable and that such willful false
Typewritten Ful	l Name	Vukio				ТАЛМА
of Sole or First	inventor:	Yukio Given Name		Middle Init	ial .	Family Name
**Inventor's Si	ensture:	Given Namo		WIREGIE IND	EU	Family Name
**Date of Signa		Junio	8	/ 29		
Date of Sikus	wite.		nth		Day	<u> </u>
Residence:	Ebina-shi	1720		nagawa	,	Japan

c/o Fuji Xerox Co., Ltd., 2274, Hongo,

State of Province

Country

Ebina-shi, Kanagawa, Japan

Japan

City

Citizenship:

Post Office Address: (Insert complete mailing address, including country)

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "×" HERE ☒

PAGE 2 OF U.S.A. DECLARATION FORM

Typewritten Pull Name of Second Joint inventor	e Dec:	Yuji			HIKAWA			
or decode form 2.		Given Name	Middle	Initial	Family Name			
**Inventor's Signature:		Jun		-2	- Ackaust			
**Date of Signature:		9/	1 / 200		Year			
	This abi	Month	Voncentm	Day	Japan			
Residence: Ebina-shi			Kanagawa State of Prov	ince	Country			
ment st.	City	Japan	State of Flow					
Citizenship: Post Office Address:		c/o Fuji Xerox Co., Ltd., 2274, Hongo,						
(Insert Complete smiling address, including country)		Ebina-shi, Kanaga	wa, Japan					
Typewritten Full Name of Third Joint inventor:		Kazuko			KIRIHARA			
0. 12447022	-	Given Name	Middle	Initial	Family Name			
**Inventor's Signature:		Razulo			Kirihara			
**Date of Signature:		8	/	25	/ 2003			
Date of Digutation		Month		Day	Year			
Residence:	Ebina-shi		Kanagawa		Japan			
	City		State of Prov	ince	Country			
Citizenship:		Japan						
Post Office Address:		c/o Fuji Xerox Co., Ltd., 2274, Hongo,						
(Insert Complete uniling address, including country)		Ebina-shi, Kanagawa, Japan						
Typewritten Full Name of Fourth Joint invento		Akihiro			ENOMOTO			
0.100.0		Given Name	Middle	Initial	Family Name			
**Inventor's Signature:		ALIMIN			Enomati			
**Date of Signature:	-	8		25	1 2003			
		Month		Day	Year			
Residence:	Ebina-shi		Kanagawa		Japan			
	City		State of Prov	ince	Country			
Citizenship:	•	Japan						
Post Office Address: (Inser Complete mailing address, including country)		c/o Fuji Xerox Co., Ltd., 2274, Hongo,						
		Ebina-shi, Kanagawa, Japan						
	•	•						
Typewritten Full Name of Fifth Joint inventor:		Hidekazu			OZAWA			
		Given Name	Middle	Initial	Family Name			
**Inventor's Signature:		1 di dokuza			Ozawa			
**Date of Signature:				25	1 2003			
		Month		Day	Year			
Residence:	Ebina-shi		Kanagawa					
and the second	City		State of Prov	ince	Country			
Citizenship:		Japan	T.4 000	77				
Post Office Address: (Inser Complete smiling address, including country)		c/o Fuji Xerox Co., Ltd., 2274, Hongo,						
		Ebina-shi, Kanagawa Japan						

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.